

# Authorization for Direct Deposit

**Important:** Before completing this form, please read the instructions on the back.

**Check the retirement system AND plan number (1, 2 or 3) from which you receive benefits. If you receive benefits from more than one system, a separate form is needed for each system.**

<b>Check one:</b> <input type="checkbox"/> Public Employees' <input type="checkbox"/> State Patrol <input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' <input type="checkbox"/> Judicial <input type="checkbox"/> Teachers' <input type="checkbox"/> School Employees' (non-teachers)	<b>Check one:</b> <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
---	--

## Section A: To be completed by payee

Last name	First name	Middle name	Payee's Social Security Number	
Street Address		City	State	Zip
			Telephone Number (Daytime)	

I, \_\_\_\_\_, hereby authorize and request:

Payee name - please print

- The Department of Retirement Systems (DRS) to transfer the full amount of my monthly benefit payment, after authorized deductions, to the designated financial institution for deposit.
- The designated financial institution to provide information to DRS regarding address changes and account information, to ensure proper and timely processing of deposit transactions.
- The designated financial institution to refund to DRS any overpayments to my account made subsequent to my death or payments made in error.

Signature of payee	Date
--------------------	------

**If different than payee, please list the retiree's name and social security number:**

Retiree's Last name	First name	Middle name	Retiree's Social Security Number
---------------------	------------	-------------	----------------------------------

## Section B: Payee's remittance advice statement

When the first payment has been deposited, you will receive a remittance statement at the address provided in Section A. For future statements, check **one** only:

- ☐ Send a statement when a change is made to my account and at the end of the year.  
☐ Send a statement each time I receive a benefit payment.  
☐ Send a statement at the end of the year.

## Section C: To be completed by financial institution

We hereby agree to receive and deposit sums for the payee named above, in accordance with conditions established by DRS. We further agree to refund to DRS any payments received, in accordance to this agreement, to which the payee was not entitled by reason of error or his/her death prior to the due dates of such payments.

Name of financial institution		Transit/Routing number	
Telephone	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account number to be credited	
Payment mailing address		City	State      Zip
Signature of authorized financial institution officer		Title	Date

## Important Notice:

Use this form for all retirement benefit payments from DRS. Direct deposit allows DRS to forward your payments to the financial institution you authorize. The financial institution may be any bank, savings and loan association or similar institution, or federal or state chartered credit union. Members requesting direct deposit for Plan 3 defined contribution payments must contact ICMA Retirement Corporation at 1-888-711-8773.

## Instructions:

### Section A

1. Complete all personal information in the top section of the form.
2. Print your name where indicated and sign and date the statement. If the signature can only be made by mark, it must be witnessed by two persons who sign the form. If witnesses are required, they should print the word 'Witness' above their signatures to the right of the mark.
3. Print the name and Social Security Number of the member/retiree, if different from yours.

### Section B

If you have any questions, please contact DRS at (360) 664-7000 in the Olympia area or toll-free at 1 (800) 547-6657.

### Section C

After completing Sections A and B, take or send the form to your financial institution. After the financial institution completes Section C, forward the form to:

Department of Retirement Systems  
P.O. Box 48380  
Olympia, Washington 98504-8380

You may want to retain a copy for your personal records.

## Cancellation Instructions:

After receipt by DRS, this authorization will remain in effect until canceled by notice to DRS or upon your death. The financial institution should also be notified if you cancel this agreement.

The financial institution may cancel their agreement by providing you and DRS written notice 30 days in advance of the cancellation date. If this authorization is canceled, you must advise DRS immediately of your new distribution instructions.

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

